N. B.—Every Item of Information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

PLACE OF DEATH	STATE OF MARYLAND
county reach 3472	CERTIFICATE OF DEATH
Village or Gity Burner (No. 1)	St.; Sward) St.;
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH SUNSON (Month) (Day) (Year)	
7 AGE	and that death occurred on the date stated above, at
coccupation (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
BIRTHPLACE (State or country) Sul Know	(Secondary) (Oeration) (Oeration) (Oeration)
10 NAME OF FATHER (7) 11 DIRTHRIAGE	(Signed) 92 1 Hegs, N.D. Jan 29, 1915 (Address) Beensun Clans
11 BIRTHPLACE OF FATHER (State or country) 12 Maiden Name OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) MEANS of INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
of MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds.
(Informant) He Heyes Mand	Where was disease contracted, If not at place of death? Former or usual residence
Filed 29, 191 5 ruis MUS	Menteure him Gerceich Jun 29, 1915
If more blanks are needed, address State Registre	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Kervant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion, is very important, so that the relative healthfulminc, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the distance causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Fneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscis of lungs, meninges, peritonaeum, etc..

cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage, as "Purrerran septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasample: Measles (disease causing affection need not be stated unless important. ture of the American Medical Association.) "Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of . The contributory (secondary or intercurrent) "PUERPERAL peritonitis," tctanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of etc. State cause for (name origin; "Candeath), 29 da.; "Exhaustion," Examples: For VIO-



PERMANENT WRITE

RECORD

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No OCCUPATION MEDICAL CERTIFICATE PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 4 COLOR OR/RACE MARRIED. WIDOWED, (Month) (Dav ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH * was as follows:min. ? mos ... BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) Contributor 9 BIRTHPLACE (State or country) Secondary (Doration) 10 NAME OF FATHER 50 PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME Instructions OF MOTHER 18 LENGTH SE RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE 5 At place OF MOTHER (State or country) Where was disease contracted. KNOWLEDGE It not at place of death? 0 Former or 9 usual residence Important. Every It DATE OF BURIAL (Address)..... 15 ADDRESS REGISTRAN

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Ilt death occurred lo a hospital or institution.

(Year)

give Its NAME Instead ot street and number. 1

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. material worked on may form part of the second additional line is provided for the latter statement; who have no occupation whatever, been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every persou, irrespective of age. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, write None. "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercuters of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State canse for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), theuia," "Auaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of.... by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convnisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; (Recommendations on statement of (name origin; "Can-"Dropsy," "Exhanstion," Never report For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A

RECORD

PERMANENT

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH Village or City

5464

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward) [If death occurred in a hospital or Institution, give its NAME Instead

FULL NAME Charles alber	& Danger of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Milowed, Orbivorced (Write the word)	16 DATE OF DEATH / 4 , 1916 (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
Die 10 853	JAME 1-5 1915 to 191 , 191 ,
(Month) (Day (Year)	that I last saw h HM alive on 1444 13 ,1975
7 AGE It LESS than	//
1 / / / 1 day,hrs.	and that death occurred on the date stated above, at 43 a.m.
yrs mos ds. OR min. ?	The CAUSE OF DEATH * was as follows:
BOCCUPATION	Alexander of the state of the s
(a) Trade, profession, or Conductor	LANONIC JUSTICALIA
O(b) General nature of Industry, O (A)	Heat heren
business, or establishment in	(Duration) Ref mos ds.
which amployed (or employer)	Contributory
(State or country)	Secondary
10 NAME OF	(Dafation) yrs mos ds.
FATHER // CAR CO	(Signed) M. D.
on 11 BIRTHPLACE	Andrew 17
H BIRTHPEACE	191. O. (Address) Charles The
Z (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL THEORY OF THE STATE OF TH
S OF MOTHER 1	TAU, SUICIDAU, OF HUMICIDAU.
a mahala Dennett	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER M	At place In the
(State of country)	of death yrs. mos. ds. State yrs, mos. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Mo Lestie Suter	Former or
60	usual residence.
(Address) Sunsula MA	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	At marks Deleventh Jane 16,1915
Filed lu 1910 X you may	26 UNDERTAKER ADDRESS
REGISTRAR	CAFEET VOIS Burnswick
If more blanks are needed, address State Regis	strar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulmaterial worked on may form part of the second Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-If retired from business, that fact may be indi-Never return -Precise statement of occupa-"Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JUL6 1915
BUREAU, V.S.

THIS

RECORD

1

1 PLACE OF DEATH STATE OF MARYLAND state Very CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. No. 1 Ilf death occurred in .Ward) a hospital or institution. give its NAME Instead of street and number. I statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH un MARRIEO. WIDOWED, Manne (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH . 191..... to. classified. that I last saw h allve on (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 440 Pm. t day hrs. The CAUSE OF DEATH* was as follows: 20 Gurany Interculosis 8 OCCUPATION AGI INK (a) Trade, profession, or marticular kind of work (b) General nature of Industry. UNFADING business, or establishment In may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Contributory Secondary that 10 NAME OF FATHER (Signed) 80 50 terms, 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME piain instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) Informati = 13 BIRTHPLACE At place in the OF MOTHER of death _____ yrs. ____ mos. ___ ds. State _____ yrs. ____ mos. (State or country) DEATH WRITE Where was disease contracted. If not at place of death? --90 CAUSE OF Important. usual residence. OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 191.5 20 UNDERTAKER ADDRESS Filed. m REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcasics (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. Accidental drowning; Struck by railway train-acci-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for Never report For vio-



1 PLACE OF DEATH STATE OF MARYLAND PHYSICIANS t statement of CERTIFICATE OF DEATH Registration Dist. No. i if death occurred inWard) a hospital or institution, give its NAME instead EXACTLY. of street and number." ² FULL NAME RECORD classified PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE stated MARRIED, WIDOWED OR DIVORCED (Write the word) (Month) (Day) properly certificate. That I attended deceased from be 6 DATE OF BIRTH , 191.5... to should pe Month) If LESS than of 7 AGE and that death occurred on the date stated above, a may ы 1 day, hrs. back O DEATH * was as follows: OR mln. ? H H (a) Trade, profession, or supplied. 0 instructions particular kind of work K (b) General nature of industry about terms, business, or establishment in (Duration) refully which employed (or employer) Contributory 9 BIRTHPLACE Secondary plain See in (State or country) Ca 10 NAME OF Φ FATHER 2 2 pino important. ATH S 11 BIRTHPLACE FNT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) PLAINLY, Causes, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, til uo. 12 MAIOEN NAME SUICIDAL OF HOMICIDAL OC L 4 OF MOTHER of informati e CAUSE OF LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS very OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER WRITE Stata,yrs.mos. of death (State or country)yrs.mos.ds. S Where was disease contracted, should state CA 14 THE ABOVE IS If not at place of death? Former or item usual residence OATE OF BURIAL Every (Address) 15 ADDRESS m ż

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Colton Housemaid, etc. precise specification as Day laborer, Farm laborer, Laborer know (a) the kind of work and also (b) the nature of the first line will be sufficient, c. g., Former or Planter, Physiapplies to each and every person, irrespective of age. is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Coal mine, etc. Compositor, Architect, Locomotive engineer, Civil Stationary fireman, etc. If the occupation has been changed Women at home, who are engaged in But in many cases, If retired from (b) Auto-

Statement of Cause of Peath—Name, first, the disease causing death in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia, menintunqualified, is indefinite); Tuberculosis of lungs, menintunqualified, is indefinite);

on statement of cause of death approved by Committee SUICIDAL, or HOMICIDAL. or as probably such, if impossible to determine definitely. Examples: Accidental drowning: surgical operation was undertaken. For violent deaths on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, letanus) may be stated head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, cause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of ete., when a definite disease can be ascertained as the Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping by railway train-accident; Revolver The nature of the injury, as fracture of skull The contributory (secondary or intercur-Never report mere wound



RECORD PERMANENT UNFADING

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. OCCUPATION Ilf death occurred inWard) a hospital or institution. give its NAME Instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX S SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED WIDOWED, ORDIVORCED (Write the word) (Month (Day (Year) I HEREBY CERTIFY. That I attended deceased from . 191..... to. that I last saw h...... allve on Day (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. supplied. (b) General nature of Industry. business, or establishment in (Duration) which amployed (or employer) Contributory. Secondary (State or country 10 NAME OF FATHER 0 back ARENT *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-(State or country 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER ATH in plair instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country of death _____ yrs. ____ mos. ___ ds. State yrs. ____ mos. ... I Where was disease contracted, 14 THE ABOVE If not at placa of death?... 0 Former or OF CAUSE OF usual residence. Every 15 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. "Mauager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the misease Scrvant, Cook, Housemaid, etc. If the occupation has fication as Day laborer, Farm laborer, Laborer-(a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereuclesis of lungs, meninges, peritonaeum, etc., Carcing

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." sepsis, tetanus) may be stated under the head of which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Meastes (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Exhaustion," Never report



should is OCCUPATION PHYSICIANS RECORD PERMANENT UNFADING Instructions DEAT ō mportant. CAUSE

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. If death occurred in St: X Ward) a hospital or Institution. give its NAME lostead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX S RINGLE. 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than f day,....hrs. OR mla. ? 8 OCCUPATION (a) Trade, profession, er particular kind of work. (b) General nature of industry. business, or establishment in (Duration)yrs.....mos.....ds. which amployed (or amployer) Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed). 11 BIRTHPLACE (Address) ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTA 13 BIRTHPLACE At place OF MOTHER (State or country) of death ____ yrs. ## mos 22 ds. State yrs. ____ ds Where was disease contracted. 14 THE ABOVE if not at place of death? usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS Filedo REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of agc. tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various parsuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," Salesman, As examples: But in many "Foreman,"

. ("Pneumonia," lesis of lungs, meninges, peritonaeum, etc., Carcinpnenmonia"); Lobar pneumonia; Bronchopneumonia "Cronp";) brospinal term for the same discase. time and cansation), using always the same accepted CAUSING DEATH (the primary affection with respect to fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the disease meningitis"); Typhoid fever (never report "Typhoid unqualified, is indefinite): Tubercu-Diphtheria Examples: Cerebrospinal (avoid use of

> scpsis, tetanus) may be stated under the head of valvular heart discase; Chronic interstitial nephritis. tnie of the American Medical Association.) canse of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronehopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all discases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report cause for





V. S. No.

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MARGIN RESERVED FOR BINDIN	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERM	N. B.—Every Item of information should be carefully supplied. AGE should be stated E. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact Important. See instructions on back of certificate.	6
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Village or City Montevue Hospital Paredenick Village or City Montevue Hospital Pron	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Flemale Blk (Winter the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw h allye on 1915
TAGE lit LESS than 1 day,hrs.	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Manyland	Contributory (Elexas Selerasios Secondary (Doration) / yrs mos ds
10 NAME OF Moses Wells 11 BIRTHPLACE OF FATHER	(Signed) Softomas, M. D June 7, 1915 (Address) Andereck mg
(State of country) William Name OF MOTHER Durah Pideout	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS)
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place yrs. 2 mos. 22 ds. State yrs. mos. ds Where was disease contracted, If not at place of death?
(Informant) Therefore Md	Former or osual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 200
Filed Of 1915 JM Groduce REGISTRAR If more blanks are needed, address State Registrance	monteres less. 20 UNDERTAKER ADDRESS Fredenke Mad trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers eated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehlldren, not mine, etc. statement. the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Preelse statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "STyphoid fever (never report "Typhold diseasent); Lobar gneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritongeum, etc., Carcin-

ture of the American Medical Association.) injury, as fracture of skull, and eonsequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichacete., when a definite disease can be ascertalned as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measics (disease eausing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, eause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably mia," "Puerperal peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of For Vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certilicate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN W. S. No. 1.

VIIIage or Gity Thurself *FULL NAME American	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [It death occurred in a hospital or institution give its NAME losteat of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIEO, WIDOWEO, OR OLVERCEO (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw hallve on
7 AGE If LESS then 1 day,hrs. OR 6 min.?	and that death occurred on the date stated above, at 9 3 km. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, er particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) yrs. mos. ds. Contributory (Secondary)
10 NAME OF FATHER PAUL & STATE OF FATHER (State or country) 12 MAIDEN NAME OF OF MOTHER OF MOTH	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	At place In the ot death yrs, mos, ds. Where was disease contracted,
(Informant) (Address) (Address)	If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ANAMONTO DATE OF BURIAL 191.5.

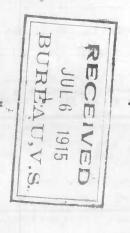
[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is nec-CAUSING DEATH, state occupation at beginning of iilgainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia, Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medicai Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puepperal scotichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuii, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Hart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ampie: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Meastes; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of _ Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can death), 29 "Exhaustion," Never report Examples: FOr VIO

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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DEATH

OF

Every

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No [It death occurred inWard) a hospin or institution. give Its NAME instead of street and number.] PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWEO. (Month) (Dav ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Dav (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day,hrs. OR min. ? 6 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory..... State or country) Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER . 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, Mary OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. mos. ____ ds. State yrs. _ Where was disease contracted. It not at place of death? usual residence DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

2QUNDERTAKER

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

mine, etc. "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an cases, especially in industrial employments, it is uec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: causing death, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But iu many first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., 'Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic theuia," "Auaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canscpsis, tetanus) may be stated under the head of childbirth or miscarriage as "Puenperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a defiuite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. "Coutributory." is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "Puerperal peritonitis," etc. State cause for Always qualify all diseases resulting from Measles "Seuile," (Recommendations ou statement of (disease causing death), 29 ds.; etc.), "Dropsy," "Exhaustion," Never report For vio-



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RECORD

A PERMANENT

V. S. No. 1.

WRITE

N. B.

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Gounty Frederice,
Mont

Montevne Hospital

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 15 av

_St.;___Ward)

[It death occurred in a hospital or institution, give its NAME tratead of street and number.]

FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
SEX A COLOR OR RAGE Single, MARIED, WIDDWED. OR DIVORCED (Write the word) Balance 22 1878	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from (The standard deceased from the sta
(Month) (Day (Year) TAGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 2 Pm. The CAUSE OF DEATH* was as follows: Cardiac Catheria
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Diffillularia
10 NAME OF FATHER Obraham Butler 11 BIRTHPLACE OF FATHER (State or country) Frederick Co, Md 12 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Frederick Co, Md	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al place In the of death yrs. mos. ds. State yrs. mos. ds.
(Interment) Plania Larkens (Address) Frederick, mod	if not at place of death? If not at place of death? Former or usual residence. 26 Brewers alley DATE OF BURIAL OR REMOVAL OF BURIAL OF BURIAL OF BURIAL
Filed 0/3, 1906 / M. Jaoduran REGISTRAR	20 UNDERTAKER J. P. Like Jucolvily strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations dutics of the household only (not paid Housekeepers material worked on may form part of the second of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be iudi-Never return "Laborer," Women at home, who are engaged in the As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 3Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. "Heart fallure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-"Contributory." Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senilc," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For Vio-



V. S. No. 1.

County Fullries (No. 2 FULL NAME FIRM US Joseph	CERTIFICATE OF DEATH Registration Dist. No. 1.2.7 St.; Ward) St.; Ward) [If death occurred io a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, WIDOWED (Write the word) 6 DATE OF BIRTH (Month) (Day (Year)	(Month) (Dy (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1915, to 1915 that I last saw helf alive on 1915
(Month) (Day (Year) 7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date atated above, at
(b) General nature of industry, business, or establishment in which employed (or employar) BIRTHPLACE (State or country) Many Caned.	Gontributory Lecented delicitly, Secondary
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) Mary Cause. 12 MAIDEN NAME OF MOTHER Frances Rase Hiffmans	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL, 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS)
OF MOTHER (State or country) Childge 24, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Interment) 4 Milling 44, 44 (Address) Solvillarvilly 1114, 15 Filed 1116, 1915; Co. Allen	At place of death
REGISTRAR If more blanks are needed address State Rogis	trar. 6 E. Franklin St., Batto, Recogning V S. No. 1

[Approved by U. S. Census and American Public Health Association.]

For many occupations a single word or term on the ness. If retired from business, that faet may be indiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question minc, etc. Women at home, who are engaged in the cases, especially in Industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulcated thus: causing death, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as drities of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-Nevcr return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation). using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synonym is "Epidemic eerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unanalified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart discase; Chronic interstitial nephritis, affection need not be stated unless important. uant ncoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc. of..... (name origiu; "Cansepsis, tetanus) may be stated under the head of which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: lnjury, as fracture of skull, and eousequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railreay train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For vio-



RECORD

PERMANENT

4

WRITE PLAINLY, WITH UNFADING INK-THIS IS

N. B.—Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or City Man Thursman I (No. 2 FULL NAME MAY) FAR



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 144

St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and nomber.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Auce 2 1 , 1913- (Month) (Day (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
June 2 2 1856 (Month) (Day (Year)	that I last saw her allve on June 2012, 1915
⁷ AGE It LESS than	and that death occurred on the date stated above, at 6 - P m,
59 yrs + mos 2 ds OR min.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	Jugay m meck on
(a) Trade, profession, or particular kind of work	Rate Road.
(b) General nature of Industry,	
business, or establishment in which employed (or employer)	(Duration) yrs mos s.
9 BIRTHPLACE	Contributory Neumphlezia & See &
(State or country) Buttimon Mid	Dubelely (Duration) a hunter of greats ds
10 NAME OF John Joy Lewis	(Signed) DesCefacion , M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 Maiden NAME OF MOTHER 2	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accident
12 MAIDEN NAME OF MOTHER AND THE SELECTION OF MOTHER AND T	TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
OF MOTHER (State or country) Maryland	At place in the of death yrs, mos. ds. State yrs, mos. ds
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Informant) It. Vorin Oligichan	Former or
(Address) 1817 n. Culow & Balts hy	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed June 25-, 1815 anna M. Jones	20 UN DERTAKER ADDRESS
REGISTRAR	etrar, 6 E. Franklin St., Bajo., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

causing death, state occupation at beginning of illcated thus: Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second who have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as minc, etc. statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be Indl-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (4)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonla," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.



V. S. No. 1.

supplied. AGE should be stated EXACTLY. PHYSTELANS should state may be properly classified. Exact statement of OCCUPATION is very PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A carefully supplied. DEATH in plain terms, so that it N. B.—Every item of information should be CAUSE OF DEATH in piain terms, simportant. See instructions on back o

See instructions on back of certificate.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]

ummen

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS PEX COLOR OR RACE S SINGLE, MARRIED, WIDOWED, WIDOWOOFD (Write the word) DATE OF BIRTH TAGE (Month) (Day (Year) TAGE If LESS than 1 day, hrs. yrs. mos. ds. OR. min.? COCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) P BIRTHPLACE (State or country) S SINGLE, MARRIED, WIDOWED, WIDOWED	16 DATE OF DEATH
10 NAME OF LICENTERY COURTS 11 BIRTHPLACE OF FATHER (State or country) May Suppose of Mother OF MOTHER OF MOTHER	(Signed) (Buration) yrs mos ds. (Signed) (Address) , M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 BIRTHPLACE OF MOTHER OTHER OTHE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Address) Caltural Ma.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 24, 191.5

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

71. d. areases.

[Approved by U. S. Censns and American Public Health Association.]

Scrvant, Cook, Housemaid, etc. If the occupation has CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not been changed or given up on account of the DISEASE duties of the household only (not paid Housekeepers mina, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write Nonc. who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) : Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accigenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," Never report



N.B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. 8. No.

Gounty Fredile	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
Village or City La Beagerstone No.	St.; Ward) [If death occurred least hospital or institution give its NAME lostea of street and oomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Jemale 4 COLOR OR RACE MARRIED, MIDDLED, OR DIVORCED (Write the word) 6 DATE OF BIRTH MAYCH 9, 1856	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from (That I last saw h. L.) alive on Mark C. 1915
(Month) (Day) (Year) 7 AGE I1 LESS that 1 day,	and that death occurred on the date stated above, at 40 m
particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory (Secondary) (Doration) yrs. mos. ds
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 13 TOTAL COLUMN 14 MAIDEN NAME OF MOTHER OF MOTHER 13 TOTAL COLUMN 14 MAIDEN NAME OF MOTHER OF MOTHER 15 TOTAL COLUMN 16 MAIDEN NAME OF MOTHER OF MOTHER 17 MAIDEN NAME OF MOTHER OF	(Signed) SIGNAL M. D. S. (Address) Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 16 Length of Residence (For Hospitala, Institutions, Transients or Recent Residents)
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant, Address). The Maring Marine The Second True (Address). The Marine J. Wasneer) 16 Filed Lance 30 1913 - Marine J. Wasneer)	At place of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Oxagenstony My Address 20 UNDERTAKER Howward Address
Free REGISTRAR	M.L. Breager Tord trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indl-CAUSING DEATH, state occupation at beginning of iilgainfully employed, as At school or At home. applies to each and every person, irrespective of age. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second It should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursults can be known. The question tion is very important, so that the relative Mealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has "Foreman," (2)

Statement of cause of death—Name, first, the DISKABE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is Indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenla," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; valvular heart disease; Ohronic interstitial nephritis oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as "Hart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malls The contributory Always qualify ail diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples:



V. S. No. 1.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pisin terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N.B.

1	PLACE OF DEATH 9457	STATE OF MARYLAND CERTIFICATE OF DEATH
C	ounty Treducte	n 121
V	illage or City Frederick (No.	Registered No. [if death occurred in a hospital or loslitution, give its NAME instead of street and number.]
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 J HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH 6 17,1914	that I last saw h alive on 19 19 1915
7 A	(Month) (Day) (Year) GE if LESS than 1 day,hrs. ORimln. ?	and that death occurred on the date stated above, at
(a) pa (b) bus	CCUPATION Trade, profession, or ticular kind of work	(Duration) yrs mos ds
9 B	RTHPLACE tate or country) Fractanck md	Gontributory (Secondary) (Duration) yrs mos ds.
TS	10 NAME OF FATHER OF A Page	(Signed) 6. S. 73 works, M. D. ,191 (Address) Fuclusk m
PARENTS	(State or country) Jredensk md 12 MAIDEN NAME CONTROL Thomas	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)	At place in the pr. death yrs mos ds.
	(Informant) To the Best of My KNOWLEDGE (Address) Today	Where was disease contracted, If not at place of death? Former or usual residence
16 Fil	1902 June, 1915 Cha J. M. Charles	Laboring Sons June 21, 1915 20 UNDERTAKER J ADDRESS Thomas J. Hice Frederick
	If more blanks are needed, address State Registral	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. (a) Spinner, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (b) As examples: For persons

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. childbirth or miscarriage, as "Purpresal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Uraemia," "Weakness," cause of death approved by Committee on Nomenciaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition." "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 68.. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailgture of the American Medicai Association.) "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... The contributory (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples:



V. S. No. 1.

-Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement on OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N. B.

PLACE OF DEATH Hate Davolpoum

y 1 . 3

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No

St.;.....Ward)

[If death occurred in a hospital or lostitution,

	FULL NAME & harles R. Du	give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
)n	**COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day (Year)	that I last saw h in allve on Jesus 27, 1915.
7 A	37yrs 10 mos 5 ds. 1 day, hrs. or min.?	and that death occurred on the sate stated above, at 4.354 m. The CAUSE OF DEATH* was as follows:
(a)	OCCUPATION Trade, profession, or ricular kind of work Consequence of the state of	Tulingay Intecutoris
bus	General nature of industry, Peal Batute	Contributory (Duration) yrs. #mos. ds.
- Bi	(State or country) Mary and	Secondary (Duration) yrs mos ds.
S	10 NAME OF Pierre C. Dug ow.	(Signed) W. Noward Je aged M. D.
PARENT	11 BIRTHPLACE OF FATHER (State or country) Maryland.	*State the Disease Causing Death, or; in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental Causes, state (2) Whether Accidental Causes, state (2) Whether Accidental Causes (2) Whether Accidental Causes (3) Whether Causes (3) Whethe
PAF	12 MAIDEN NAME OF MOTHER Cypes matthews	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)
4	13 BIRTHPLACE OF MOTHER (State or country) maryland.	at place of death vrs. 4 mes. 7 ds. State Serie mes de
	(Informant) W. a. Hardrey.	Where was disease confractofunctional it not at place of death? Former or usual residence 204 E. Chase St., Ballo, Red.
15	(Address) State Javalorium, Mid.	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1912
FI	ed June 27, 1915 Co. N. Dlem REGISTRAR	M. L. Creaged herror, bd
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Botto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the "Mauager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, It should be used only when needed. As examples: For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indi-Never return "Laborer," Farmer or Planter, "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Couthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. vulvular heart disease; Chronic interstitial nephritis, ccr" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (uame origin; "Caninjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehae-"Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



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No. 202

PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE DATE OF BIRTH TAGE BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHE

13 BIRTHPLACE OF MOTHER (State or country)

THE ABOYE IS TRUE

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OF FATHER (State or count

DATE OF DE

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The CAUSE OF

Contributory. Secondary

(Signed

STATE OF MARYLAND

CERTIFICATE OF	DEATH		
Registration Dist.	No. 145		
St.;Ward)	[If death occurred in a hospilal or lostitution, give its NAME instead of struct and nomber.]		
MEDICAL CERTIFICATE OF	DEATH		
(Month)	, 1915		
HEREBY CERTIFY, That I a	ttended deceased from		
8, 191 , to June alive on June accurred on the date stated a			
DEATH* was as follows:			
00000000000000000000000000000000000000			
(Duration) L	yrsds.		
1915 (Address) Myles			
1915 (Address) Myen	ville. med		
DISEASE CAUSING DEATH, OF, 1 (1) MEANS OF INJURY; and OF HOMICIDAL.			

*State the L CAUSES, state TAL, SUICIDAL,

Ų	OR RECENT RESIDENTS)		III O II ON S	, I RANSIEN	ITS,
	At place of death yrs, mos, ds, Where was disease contracted,	in the State	yrs,	mos.	ds

if not at place of death?-

Former or usual residence 19 PLACE OF BURIAL OR REMOVAL

	min	vill		
	20 UNDERTAKER	0		
Ø	Dettelo	12m.		

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No.

(Address)

6 SINGLE,

(Month)

MARRIED, WIDOWED,

ORDIVORCEO (Write the word)

(Day

(Year)

if LESS than

1 day,....hrs.

OR min. ?

REGISTRA

KNOWLEDGE

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

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PERMANENT

1 PLACE OF DEATH Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. 1 B. ż -

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No

St; Ward)

[If death occurred to a hospital or institution, give its NAME instead

2 FULL NAME Hurry far	oute ou si eet and nomber.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, Widows Whate Whate widowed, Write the word)	16 DATE OF DEATH AMA 7 (Month) (Day) (Year)
DATE OF BIRTH Masel 2, 1828 (Month) (Day) (Year)	that I list saw h Mil alive on March 5, 1916.
AGE It LESS than 1 day,hrs. orhrs.	and that death occurred on the date stated above, at
OCCUPATION (a) Trade, profession, or THARS particular kind of work.	Harr failure
(b) General nature of Industry, business, or establishment in which employed (or employer)	Found diad (Duration) yrs. mos. ds.
BIRTHPLACE (State or country)	Gontributory (Secondary) (Duration) yrs. mos. ds.
10 NAME OF FATHER Hury Favorite	(Signed) 12 Grangea Sevillies, M. D. June 7, 1915 (Address) Thurmonf mod
OFFATHER (State or country) Conof Janour	*State the DISEASE CAUSING DEATH, Dr. in deaths from VIDLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) OF MOTHER (State or country) Oono Plenon	16 LENGTH OF RESIDENCE (FOR HOSPITALES) INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
Informanty AND JOHN HE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence
Address Thursmant	Oragristows James 9 1918
Filed June 9 1915 Marion Marine Mariner	2D UNDERTAKER ADDRESS ADDRESS MA
more blanks are needed, address State Registrar, 6 1	E. Franklin St., Balto, Requesting V S No. 1

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who have no occupation whatever, write None. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulmine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

ture of the American Medicai Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (nierely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mailg "Contributory." Accidental drowning; Struck by railway train-acctmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-Never report Examples: For vio-



V. S. No. 1.

Ounty Jelenick Village or City Seas Deffessoring.	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 43 [if death occurred in a hospital or institution,
FULL NAME James 3	give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Adle Algoo (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	fune 2, 1915, to June 8, 1915. that I last saw him alive on June 7, 1913
7 AGE II LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at
6 OCCUPATION (a) Trade, profession, or At learner (a) particular kind of work	Brown meumona
(b) General nature of Industry, business, or establishment in which amployed (or employer)	(Ouration) yrs. — mos. 6 ds.
9 BIRTHPLACE (State or country) Maryland	(Secondary) (Duration) yrs. mos. ds.
10 NAME OF Sharles wishes	(Signed) Farling Bater, M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	"State the Disease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injuny; and (2) whether Acciden-
of MOTHER GRACE MON	TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Maryland	At place In the ot death yrs, mos ds. State yrs, mos ds. Where was disease contracted.
(Informant) (Informant)	If not at place et death? Former or usual residence
(Address) Jander Ma	Jean Jefferson Date of Burial Jean Jefferson Date of Burial 20 UNDERTAKER ADDRESS
Filed. J. 191 D. H. J. C. C. C. REGISTRAR If more blanks are needed, address State Registra	A.R. Etchison Jefferson 18

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons, engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISKASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not statement. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PURRPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." (Recommendations on statement of Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (secondary or intercurrent) (name origin; "Cun-State cause for Never report Examples: FOI VIO-



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TE OF MARYLAND IFICATE OF DEATH Registration Dist. No Ilf death occurred in Sta a hospital or institution, give its NAME instand ot street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 5 SINGLE. MARRIED WIOOWED. ORGIVORCEO (Write the word) I KEREBY CERTIF That I attended deceased from DATE OF BIRTH (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above 1 day tirs. The CAUSE OF DEATH * was as follows: OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or amployar) Contributory Secondary (State or count (Duration) 10 NAME OF (Signed) ARENTS 11 BIRTHPLACE (Addrass)_Q OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place Where was disease contracted. tf not at place of (Address) 15 20 UNDERT ADDRESS Filed REGISTRAR If more blanks are needed, address State Registrat, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers eated thus: Farmer (retired 6 yes.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write Nonc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question thon is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) a Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skuil, and consequences (e. g., nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICINAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify ali diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion,"



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DEATH

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See Instructions

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UNFADING

RECORD

PERMANENT

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in .Ward) a hospital or institution, give Its NAME Instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEY 5 SINGLE, 16 DATE OF DEATH MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) I HEREBY CERTIFY. That I attended deceased from OF BIRTH (Month) (Day (Year) TAGE and that death occurred on the date stated above, at $4-30 \, h_{\rm cm}$. If LESS than 1 day,hrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER (Signed PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death State _____ yrs___ yrs. ____ mos. _ " ds. Where was disease contracted. KNOWLEDGE If not at place of death?. Former or usuai residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic scrvice for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Forcman," (b) Cotton mill; (a) Salesman, Farmer or Planter, (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthevia (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthemia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," For vio-



Important.

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1	PLACE	OF	DEATH	
County	Fre	de	rick	



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.....

St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead ot street and number. I

34.16

TOLL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, widowed, wipowed, or bivorced (Write the word)	16 DATE OF DEATH June 16 , 1915 (Month) (Day (Year)
Month) (Day (Year)	that I last saw hair alive on June 16, 1915.
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 111.470 m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.	Pulmonary & Large gest
(b) General nature of Industry, business, or establishment in Which employed (or employer)	(Duration) Zyrs mos ds.
9 BIRTHPLACE (State or country) Mayland. 10 NAME OF FATHER (1997)	Contributory Secondary (Duration) yrs mos ds. (Signed) W. Howard & ages M. D.
11 BIRTHPLACE OF FACE	June 16, 191 5 (Address) State Danslow ha
12 MAIDEN NAME OF MOTHER WAY Beigles 13 BIRTHPLACE OF MOTHER (State or country) Europe	CAUSES, State (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos ds. State for mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, Curlemon. It not at place of death? Former or usual residence. 70 F.E. Eager St., Bollo, Ind.
(Address) State Davolorum, Med. 15 Filed June 16 191 S. A. Steiner	19 PLACE OF BURIAL OR REMBVAL Bellinge, Mid. 20 UNDERTAKER M. S. CLERGER DATE OF BURIAL APPRICA APPRICA
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Salto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. gainfully employed, as At school or At home. Care who-receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," engineer, The

Statement of cause of death—Name, first, the Insease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sensis, tetanus) may be stated under the head of Aceidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as etc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal couditions, such as "Asinjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vio-Bronehopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent)



PLACE OF DEATH	STATE OF MARYLAND
1 4	CERTIFICATE OF DEATH
County Frederick	A J COUNTY OF DEATH
	Registered No. 17.7
1 47	Ilf death occurred in
Village or City Woman (No	St; Ward) a hospital or iostitution.
and a de	give its NAME instead
* FULL NAME Charles . P. Fr	of street and oumber.]
FULL NAME CHOICES : TY, Tr	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
	(Month) (Day) (Year)
male White (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	Oh Torene or wall -101
may 15, 1887	an porture 0 1 2 cace , 191,
(Month) (Day) (Year)	that I last saw handle allve on
7 AGE If LESS than	and that death occurred on the date stated above, at 6. P. m.
9 8 / O 1 day,hrs.	The CAUSE OF DEATH* was as follows:
yrs. mos. 7 ds. OR min.?	I (oblet ni breck
BOCCUPATION D	
(a) Trade, profession, or Locomolive Foreman	De Carlo
(b) General nature of Industry.	- Addi
business, or establishment in	(Ouration)mosds.
which employed (or employer)	
9 BIRTHPLACE (State or country)	(Secondary)
Carroll les ma	(Deration) Yrsds.
10 NAME OF O) W (
FATHER X INSL. 6 Trila	(Signed) , M. D.
11 BIRTHPLACE O Dimerold	June 24, 1915 (Address) & Helleformet
OFFATHER (State or country) Carrolles md	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT
12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY: and (2) whether Accident
OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
a mul Mi bains	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE SARAGE TO MAL	At place in the
(State or country)	of death yrs. mos. ds. State yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
Ma Ma Core	Former or
(Informant)	usuai residence
(Address) 39-Madeson ave	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 1 Hagero town Md	Hagerstown Md June 27, 1915
11 22 10 / 21/	20 UNDERTAKER ADDRESS
Filed fund L. 1913 Asses May Tonle	William & Por 1 of the
	vinnae i reeger promons.
if more blanks are needed, address State Registrar	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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Statement of cause of death—Name, first, the dibrase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquaiified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc.. Carcin-

sepsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For viomia," "Pyerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septicharmus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse" "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for malignant neoplasms); Heasles; Whooping cough: Chrowio oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-Never report Examples:



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Frederick (No. 226,	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOROR RACE MARRIED, Marries on on output (Write the word) Spate of Birth Sanuary (Day) (Year) AGE If LESS than t day,hrs.	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended decessed from 15 1915, to June 12 1915, that I last saw h a alive on June 12 1915 and that death occurred on the date stated sbove, at 3105 am,
4-9 yrs. 5 mos. 6 ds. OR min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment to which employed (or employer) BIRTHPLACE (State or country) Fraction	(Buration) 2 yrs 10 mos ds. Contributory (Secondary) (Duration) yrs mos ds.
10 NAME OF Christian Railing	(Sigpep) daldurck, M. O.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	State the Disease Causing Death, or, in desths from Violent OAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother Cathern Mehring 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Interment) Company Limbor Bridge Limbor Bridge	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted, if oot at place of death? Former or usual residence.
(Address) 226 Alil ave	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mt Olivh Cem frans. 14, 1914- 20 UNDERTAKER ADDRESS
Filed & MM, 191 Olas J. Hu Canada	69 d. 0

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. B. No. 1.

N. B.



[Approved by U. S. Census and American Public Health Association.]

"Manager," "Deaier," etc., without more precise speci-fication, as Day laborer, Farm laborer, Laborer—Coal cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who have no occupation whatever, write None. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second it should be used only when needed. As examples:
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Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISMASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

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1 PLACE OF DEATH

STATE OF MARYLAND

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

& yrs.). For persons who have no occupation whatever, write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day labarer, Farm laborer, Laborer or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, c. g., Farmer or Planler, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations SUICIDAL, or HOMICIDAL, or as probably such, if impossible on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Uracmia," "Weakness," Struck by railway train-accident; Revolver to determine definitely. Examples: Accidental drowning, surgical operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," lapse," "Coma," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valeular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Anaemia" (merely symptomatic), "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of The contributory (secondary or intercur-"Convulsions," "Debility" ("Con-Never report mere "Atrophy," wound



V. S. No. 1.

A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS

	1 PLACE OF DEATH	STATE OF MAR	YLAND
	1 7 18 34.0	CERTIFICATE OF	DEATH
Col	inty led 6	Registration Dist.	No. 140
Viii	age or City foodsbord (No.,	St.;—Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
	FULL NAME	N. Lat. M. C.	00
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF	DEATH
3 SE	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCE (Write the word)	16 DATE OF DEATH (Month)	23 , 1915 (Year)
8 DA	TE OF BIRTH	Sefet 1/- 1913 to June	0.5
	(Month) (Day (Year)	that I last saw her alive on June	2 2 2 1915-
TAC	If LESS than	and that death occurred on the date stated a	bove, at 3 30 m,
	65-yrs 0 mos 1 ds. 0R min.?	The CAUSE OF DEATH* was as follows:	
(a)	Trade, profession, or ticular kind of work	Chronic Valvulas he	earl-Chisease
bus	General nature of Industry, iness, or establishment in ch employed (or employer)	Obent- (Duration)	2 mos ds.
9 BI	RTHPLACE (State or country)	Secondary	***************************************
	10 NAME OF FATHER ENGLE Balter	(Signed) 6 A Stull	yrsds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, Causes, state (1) Means of Injury; and Tal, Suicidal, or Homicidal.	in deaths from Violent
PAR	OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, I OR RECENT RESIDENTS)	
	13 BIRTHPLACE OF MOTHER (State or country)	Af place in the	yrs, ds
	Information The Best of Market Now Ledge	if not at place of death?	
15	(Address) Toodsbord Ind	19 BLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
FII	od June 25-1915 - S. C. Konvell	20 UNDERTÄKER	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care mine, etc. Women at home, who are engaged in the material worked on may form part of the second additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubcreulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of scpsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from ctc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acei-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Dropsy," "Exhaustion," Never report For Vio-



County Frederick	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 144
Village or City Claw hurmont (No. 2 FULL NAME Fred L Hayer	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
7 AGE If LESS than 1 day, hrs.	that I last saw h alive on
GOCCUPATION (a) Trade, profession, or Jocamotive Fireman particular kind of work Jocamotive Fireman	The CAUSE OF DEATH* was as follows: Field in Road Toal Wrieth
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos ds.
9 BIRTHPLACE (State or country) Quelmond Va 10 NAME OF FATHER (State or country) Hayes 11 BIRTHPLACE (State or country) Hayes	(Secondary) (Doration) yrs mos ds. (Signed) Address) Acceptance and the contract and the
12 MAIDEN NAME OF MOTHER UNKNOW	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At blace in the
13 BIRTHPLACE OF MOTHER (State or country) UN brown 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence.
15 Hagestown 16d Filedfund 25, 1913. China M. Jones	19 place of Burial or REMOVAL DATE OF BURIAL Datting 20, 191.5. 20 undertaker Address
If more blanks are needed, address State Registral	c, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specirtatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Groceru: (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken., For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purprenal septicharmus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 cer" is iess definite; avoid use of "Tumor" for mailgture of the American Medical Association.) dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncoplasms); Measles; Whooping cough; Chronio genital," "Senile," etc.), "Dropsy," Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-The nature of the "Exhaustion," Examples:



[Approved by U. S. Census and American Public Health Association.]

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PLACE OF DEATH STATE OF MARYLAND County trederick CERTIFICATE OF DEATH ICIANS should Registration Dist. No. of OCCUPAT Ilf death occurred in St :----Ward) a hospital or jostitution. give its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, (Write the word) (Month) (Year) CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 12:12P m 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER ō PARENTS (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) DEATH PO Balto, C FO CAUSE OF 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Barto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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	S E	Hd
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RE	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHY CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of important. See instructions on back of certificate.
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County Frederick		
Village or City Atta		• •
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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....

St.;----Ward)

[It death occurred in a hospital or Institution, give Its NAME Instead ot street and number.]

FULL NAME CONTROL III, SOURCE	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, WIDOWED, ORDIVORCED Songle (Write the word)	16 DATE OF DEATH June 21, 1915 (Month) (Day (Year)
6 DATE OF BIRTH	March 10 1915, to June 21 1915,
(Month) (Day (Year)	that I last saw h My alive on June 20 ,1915
7 AGE It LESS than t day,hrs.	and that death occurred on the date stated above, at 150 4m, The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, protession, or Factory Employee particular kind of work	Pulmonary Tukeculosis
(b) General nature of industry, business, or establishment in 16 which employed (or employer)	(Ouration) yrs 3 mos 2/ ds.
9 BIRTHPLACE (State or country) Maryl and	ContributorySecondary
10 NAME OF Frank Hromska	(Signed) W. Howard Ye ager, M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 Main NAME OF MOTHER OF MOTHER 14 MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental Causes, and (2) whether Accidental Causes, and (3) whether Accidental Causes, and (4) whether Accidental Causes (4) whether
of Mother Mary Morbets	CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Manyland,	At place at death was 3 mas 2 3 de State Color
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, fundaments.
(Informant) Atale Danatorum Md.	USUAl residence 726 M. Collington are, Balls, Ind. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 3:50 q.m. (1)/	Balling, hid, 3, 1912-
Filed Line 2/ 1915 Of Segistran	M. L. Creager Thurson My
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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cated thus: Farmer (retired 6 yrs.) For persons cases, especially in industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. causing death, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mus," "Old Age," "Shock," "Uraemia," "Weakness," theuia," "Auaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... sepsis, tctanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," merc symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aeci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for Never report



No. 2

RECORD PERMANENT 4 UNFADING INK-THIS PLAINLY, WITH WRITE

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MARRIED, MAZZUGO ORONORED (Write the word)

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9501 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No

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lit death occurred in a hospital or institution. give its NAME instead

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[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Can-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Measics (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURTAUNS.

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			10			
		PLACE OF DEATH	1		STATE OF MAR	YLAND
	Co	unty Forcederick	114	5/	CERTIFICATE OF	DEATH
	7		0		Registration Dist	. No. 131
	VII		34, 6	Sast.	St.; Ward)	[If death occurred li a hospital or institution give its NAME instead of street and nomber.]
1	<u>-</u>	FULL NAME STATE OF				•••
		PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF	DEATH
	3 81	EX 4 COLOR OR RAGE 5 SINGLE, Live MARRIED, WIDOWED, ORDIVORCED (Write the word)	de	16 DATE OF DE	(Month)	(Day (Year)
	6 D	ATE OF BIRTH		000	HEREBY CERTIFY, That I	attended deceased fro
		Ale -	.0.0	Brotto	, 191, to Kea	e / 19 kd
		Month) (Day	(Year)	that I last aaw h	Are alive on May	30 ,1918
	7 A	GE II	LESS than	and that death o	ccurred on the date atated	bove at 11,30 X
		(1)	ay,hrs.		DEATH* was as follows:	
	80	CCUPATION	min. ?	190		210
	(2)	Trade, profession, or		Uz.	empluse 1	La Mill
774		General nature of industry,	************	P*************************************	e al al compressió delegan may establis delegan del compressión de la compressión de	
	bus	iness, or establishment in		ii 0 000 irib qay iyagaga dada watan isida iyo yayaya ya	(Duration)	Vrs. mos (
i i		ch employed (or employer)	***************************************	Contributory	Mirama	40
		(State or country) Maneland		Secondary		1 7
2		10 NAME OF FATHER AND AND 'S		(Signed)	% 71.9 (Doration)	yrsmos
-	S	Thomas Whiten			7	, .
		11 BIRTHPLACE OF FATHER	1:	6-/		enest my
5	RENT	(State or country) Manyland 12 MAIDEN NAME		*State the D	DISEASE CAUSING DEATH, OR, (1) MEANS OF INJURY; and OF HOMICIDAL.	in deaths from VIOLES
	PA	OF MOTHER				
		13 BIRTHPLACE	1	OR RECENT RE	RESIDENCE (FOR HOSPITALS, I	NATITUTIONA, TRANSIENT
		(State or country) Manuel	/	At place of death yrs.	in the ds. State	yrs, mos e
	14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDG	E	Where was disease of finot at place of dea	contracted,	J Samuelane Hill D. Company C
5		Informant) Reeth Johnson		Former or	[1] [
	,	12, 8/21 81	1 -	usoai residence		
	111	(Address) 34 Gast Of		PLACE OF BU	RIAL OR REMOVAL	DATE OF BURIAL
	15	0 - 1 0 2110	1	Cabone	ug Sous bene	Seeme 2, 1915
	File	ed June 1810 Chant Must	The Market Market	20 UNDERTAKE		ADDRESS
		-// Regre	STRAR	Thomas	s J. Thice	Frederic 6

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional liue is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salcsman, the nature of the business or industry, and therefore an For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

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oma, Sarcoma, etc., of........ (name origin; "Cancer" is Ss definite; avoid use of "Tumor" for maligmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemja," "Weakness," etc., when a definite disease can be discertained as the "Heart failure," "Haemorrhage," "Inquition," "Marasmere symptoms or cerminal conditions, such as "Asthenia," "Auaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia / Jecondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neorlasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The pature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viodent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropse," "Exhaustion," Never report

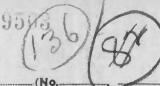
If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JULG 1915
BUREAU, V.S.

V. S. No. 1.

stated EXACTLY. PHYSICIANS should state i. Exact statement of OCCUPATION is very RECORD PERMANENT may be properly classifled. WRITE PLAINLY, WITH UNFADING INK-THIS IS AGE carefully supplied. certificate. See Instructions on back of should DEATH In plain of Information N. B.—Every Item of CAUSE OF I Gounty Frederich

Village or City Piterson



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 141

has Ore 11	Registration Dist, No.
Village or City Vilurealle (No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
*FULL NAME MANY Colinable	M refauver
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White (Write the word) 4 COLOR OR RACE SINGLE, MARRIED, MUDOWED, WIDOWED (Write the word)	Month (Day (Year)
O DATE OF BIRTH (Month) (Day (Year)	that I last saw h 2 alive on Jun 12 1915;
7 AGE 2 9 yrs mos 6 ds 1 LESS than t day,hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER Clinton O Remsburg 11 BIRTHPLACE	Contributory Secondary Cure la leg Pla (Duration) (Signed) (Signed) (Address) (Address) (Address) (Address)
OF FATHER (State or country) 12 Maiden Name OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Manda Wiles	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds
(Informant) AMN Kefauver	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Knoyville MA R. D.D. 16 Filed for 14, 191 V. Cerrie True REGISTRAR	19 PLACE OF BURIAL OR REMOVAL MALLOUM MA JAME 15, 1945 29 UNDERTAKER ADDRESS ADDRESS MALLOUM MALLOUM ADDRESS MINSWER MA
II more blanks are needed, address State Regi	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. lif death occurred in -Ward) a hospital or institution. give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month (Day Tear) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH * was as lollows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) ------9 BIRTHPLACE Contributory Secondary (State or country) (Duration 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONA, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. __ State 14 THE ABOVE IS Where was disease contracted. KNOWLEDGE If not at place of death?-Former or usual residence (Address) DATE OF BURIAL 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. material worked on may form part of the second (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Oerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent)



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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No

St;.....Ward)

[it death occurred in a hospital or institution, give its NAME instead ot street and number.]

16 DATE OF D	EATH /			1.3	5
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17	I HEREBY			(Day)	(Year)
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(5.8.02)					
June 13	, 191 (Add	iress)	ouia.	axeuu	11/
*State the CAUSES, state	DISEASE CAU	SING DE	ATH, or, I	deaths fro	m VIOLEN
TAL, SUICIDA	L, or Homici	DAL.	oni, and	(M) Whethe	accidin
18 LENGTH OF	RESIDENCE	(FOR H	SPITALS, I	NSTITUTIONS	, TRANSIEN
OR RECENT R	RESIDENTS		In the		
of death yrs	3 mos	ds.	State	yrs	mos
Where was disease					
It not at place of d	death?				
Former or usual residence					

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be Indl-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemuid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursults can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the death causing death affection with respect to the same death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal term for the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. chlidblrth or miscarriage, as "Puenpenal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," ample: Measles (disease causing death), 29 ds.; cer" is less definite; avoid use of "Tumor" for malkdent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senlie," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis. nant neoplasms); Measles; Whooping cough; Ohronio oma. Sarcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can-State cause for Examples:



V. S. No. 1.

Vil	FULL NAME Cornie May a	St.; Ward) St.; Ward) A hospital or give its HAMI of street and
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J.	emale White Whole (Write the word)	16 DATE OF DEATH JUNE 21/4 (Month) (Day 17 I HEREBY CERTIFY, That I attended decea
7 A	1/1/ 10 7/ 1 day,hrs.	that I last saw her alive on the date stated above, at 110 The CAUSE OF DEATH* was as follows:
(a pa	yrs mos ds or min.? CCUPATION 1) Trade, protession, or articular kind of work) General nature of industry, siness, or establishment in lich employed (or employer)	(Buration) yrs mae
	10 NAME OF Sulton of Kesselving	Contributory (Business Secondary (Quration) yrs + mos. (Signed) Secondary
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Mary and 12 MAIDEN NAME June OF MOTHER June 12 MAIDEN NAME June	*State the DISEASE CAUGHTSS DEATH, or, in deaths from CAUSES, state (1) MEANS OF INJURY; and (2) whether TAL, SUICIDAL, OF HOMICIDAL.
	THE ABOVE IS TRUE TO THE BEST OF MY MOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TR. OR RECENT RESIDENTS) At place In the ot death yrs
16	(Addre Frederice mg	19 PLACE OF BURIAL OR REMOVAL DATE OF BUR

STATE OF MARYLAND

County Frederick 9506

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers mine, etc. statement. Never return "Laborer," cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medicai Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asratvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory tctanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) "Exhaustion," For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSRIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

1 PLACE OF DEATH

Figodorick 9507	CERTIFICATE OF DEATH
County 1'Hearten	Registration Dist. No.
Montevus Hospital	
Village or City (No	St.; Ward) [If death occurred in a hospital or institution,
a n	give Its NAME Instead
FULL NAME Carrie IC	Derfs of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Single	16 DATE OF DEATH June 2/2- 1915-
Hemalo Glack WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH A	17 I KEREBY CERTIFY, That I attended deceased from
toutinow of 1877	7, 19 S, to 6 - 3 , 191 S.
(Month) (Day (Year)	that I last saw hand alive on 6- 20 1915
7 AGE If LESS than	and that death occurred on the date stated above, at
3 8 yrs mos ds. OR min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION	
(a) Trade, profession, or	Child buth
particular kind of work (b) General nature of industry,	Short allning Casanan telen
business, or establishment in Boandess etc.	(Duration) vrs. mos. ds.
	Contributory
9 BIRTHPLACE (State or country) Many fauch	Secondary
10 NAME OF larges / Lee	(Duration) yrs mos ds.
FATHER WESTEROWN	(Signed) O.S. Sicotta M.D.
o 11 BIRTHPLACE Manifiqued	6/22 1976 (Address) 100-Est
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	
12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a of MOTHER Tate Jones	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) Al place In the
OF MOTHER (State or country) Maryland	of death yrs, mos. ds. State yrs, mos. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, From the was disease of death?
(Informant) Strute Rise	Former or Frederick States
Firedorick	usual residence
(AUUI ess)	
16 lol in Jely K. D.	20 UNDERTAKER ADDRESS
Filed Ofg 2, 1915 & M Var duan	
If more highly are needed address State Post	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
are needed, address State Regi	strat, o 22. Frankin St., Danto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

mine, etc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the disease Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homieide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonities," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ralvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association. "Contributory." sepsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the Bronchopucumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JULS 1915
BUREAU, V.S.

Original

1 PLACE OF DEATH

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who receive a definite salar, may be entered as House-wife, Housework, or At Hon, and children, not gainfully employed, as At school or At home. Care should be write None. 6 yrs.). For persons who have no occupation whatever business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons who receive a definite salar the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Crocery: (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Collon especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physiis provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Coal mine, ctc. The material worked on may form part Women at home, who are engaged in If retired from

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal force (the only interview synonym is "Epidemic cerebrospinal meningitis" in phtheria (avoid use of "Croup"); Typhoid fever (the primary report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (c. g., sepsis, tetanus) may be stated SCICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, "Heart failure," "Henorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracnia," "Weakness," under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull head-homicide; surgical operation was undertaken. For violent deaths "Puenperal perilonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" (merely synptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bron-Struck by railway train-accident; Revolver wound of genital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia," cough; (hronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... rent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles, Whooping (name origin; "Cancer" is less definite; avoid use of The contributory (secondary or intercur-Poisoned by carbolic acid-probably Never report mere



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

Village or City LUOGS wille (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word) 6 DATE OF BIRTH March 21 1915	16-DATE OF DEATH (Month) (Day) (Year) 17 t HEREBY CERTIFY, That I attended deceased from (Birth, 191, to May 29th, 1915, that I last saw hamalive on May 29th, 1915,
(Month) (Day) (Year) 7 AGE If LESS fhan 1 day, hrs. OR min. ?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary Contributory
10 NAME OF STATHER Williams Kline 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) (Signe
OF MOTHER Melista S. Vaile 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) ETHOMY Grey	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of deeth yrs. mos. ds. State, yrs. moe. ds. Where was disease contracted, if not at place of death? Former or usual residence
(Address) R. H. Smills Cocy 7 15 Filed June 10, 1915 John M. Howw. REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Loss Nickle's Meding House fine 11th, 1915 20 UNDERTAKER Emory Arely 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

E yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. engaged in domestic service for wages, as Servont, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm loborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, eiun, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Former or Plonter, Physiapplies to each and every person, irrespective of age. ness of various jursuits can be known. The question tion is very important, so that the relative licalthful--Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, meninunqualified, is

on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic ocid-probably Struck by railway train—accident; Revolver wound SUICIDAL, or HOMICUPAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths birth or miscarriage as "Ptenperal sephichaemia," "Puenperal perilondis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. lapse," chopmenmonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valendar heart disease; Chronic interstitud "Anaemia" "Tumor" for malignant neoplasms); Meastes; Whooping "Соппа," (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-Never report mere



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. fit death occurred in Village or CityWard) a hospital or institution. give its NAME Instead ot street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX S SINGLE. DATE OF DEATH MARRIED. WIDOWED. Month (Day ORDIVORCED (Write the word) (Year) HEREBY That I attended deceased from DATE OF BIRTH (Day (Year) TAGE It LESS than ath occurred on the date stated above, at. 1 day,hrs. The CAUSE OF DEATH* was as follows: OR 7 ulyers BOCCUPATION (2) Trade, protession, or 2 particular kind of work. (b) General nature of Industry, business, or establishment in (Duration which amployed (or amployer) BIRTHPLACE Secondary Secondary (State or country) 1D NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country Where was diseaso contracted If not at place of death? osual residence (Address) DATE OF BURIAL 15 ADDRESS Filed REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite symonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "l'ukrperal peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asnant neoplasms); Meastes; Whooping cough; Chronic ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatie), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Can-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), "Dropsy," (Recommendations on statement of death), 29 ds.; "Exhaustion,"



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

V. S. No. 1.

Village or City Onterrie Hospintal,	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 151 St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Black Single MARRIED WIDOWED ungle OR DIVORDED UNGLE Write the word	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY That I attended deceased from ,191 , to, 191,
7 AGE (Matth) (Day) (Year) 1 day, hrs. yrs. mos. ds. OR min.?	and that death occurred on the date stated above, at
OCCUPATION (a) Trade, profession, or particular kind of work	Still-Birth
U (b) General nature of Industry business, or establishment in which employed (or employer)	Contributory (Duration)yrs mos, ds.
9 BIRTHPLACE (State or country) Md.	Secondary Secondary Ouration) yrs mos ds.
10 NAME OF STATHER WKENOUN	(Signed) B. O. Maryas, M. O. That: 4 1815 (Address) Frederick
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
of MOTHER CASTIL Let 13 BIRTHPLACE OF MOTHER (State or country) Md.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In tha of death
(Informant) B. O. Horrian	if not at place of daath? Former or usual residance
(Address) Prederik 15 Filed Oct 1915 M Godman	19 PLACE OF BURIAL OR REMOVAL Montevue Hospital 20 UNDERTAKER ADDRESS
REGISTRAR	Ollegi Rice truderick, 2nd

[Approved by U. S. Census and American Public Health Association.]

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write None. state occupation at beginning of illness. or given up on account of the disease causing death, Hausemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Coak, employed, as At school or At home. Care should be business, that fact may be indicated thus: Farmer (retired taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House the duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day labarer, Farm labarer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of For many occupations a single word or term on the ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever, The material worked on may form part As examples: (a) Spinner, (b) Cottan Never return "Laborer," If retired from (b) Auto-Chal

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated Struck to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS, OF INJURY and qualify as genital," heud-homicide; Proisoned by carbolic surgical operation was undertaken. For violent neaths birth or misearriage as "Puerperal septichaemia," mus," "Old Age," "Shock," "Uracmia," "Weakness," "PUERPERAL peritonitis," etc. State cause for which cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy,
"Compulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, ctc., Carcinoma, Sorcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of HThis cort by railway train-accident; Revolver wound af Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), leate is looked over thoroughly and all ques-The contributory (secondary or intereur-"Dropsy," Never report mere "Atrophy," acid-probably "Exhaustion," ACCIDENTAL, ("Con-

tions analygical in detail, it will prevent further correspondtice. All the data is essential and must be obtained before
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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No lit death occurred inWard) a hospital or institution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, WIDOWED, ORDIVERCED (Write the word) (Month) (Day (Year) That I attended decessed from DATE OF BIRTH (Month) (Day (Year) TAGE if LESS than and that death occurred on the date stated above t day, /4. hr The CAUSE OF DEATH* OR 7 BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) State or country) Contributor Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country ot death _____ yrs. ____ mos. __ State _____ yrs. Where was disease contracted. THE ABOVE IS MY KNOWLEDGE if not at place of death? usoai residence PATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopnicumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaemere symptoms or terminal conditions, such as "Asample: The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; (Recommendations on statement of

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH SICIANS should OCCUPATION IS Registration Dist. No PHYSICIANS fif death occurred in -Ward) a hospital or institution. give its NAME Instead of street and nomber.] E. Linton PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED Moarreed WIDOWED, ORDIVORCED (Write the word) (Month) DATE OF BIRTH classified. (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at, 1 day,....hrs. mos O OR 7 properly BOCCUPATION (a) Trade, profession, or Hourse. particular kind of work. pe (b) General nature of Industry, business, or establishment in may (Duration) which amployed (or employer) -----9 BIRTHPLACE (State or country) Secondary that 10 NAME OF FATHER 80 0 back ARENTS terms. 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-0 12 MAIDEN NAME plain TAL, SUICIDAL, OF HOMICIDAL. Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 2 13 BIRTHPLACE At place OF MOTHER (State or country) In the EATH of death. State _ _____ yrs. ____ mos. ___ ds. Where was diseasa contracted. If not at place of death? 0 Former or OF Every Item CAUSE OF Important. usual rasidenca DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURFAU, v.s.

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PHYSICIANS should state of OCCUPATION is very County Frederick statement PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIOOWED, OROIVORCEO (Write the word) DATE OF BIRTH 20 properly classified. (Month) (Day 7 AGE BOCCUPATION (a) Trade, profession, or particular kind of work. may be (b) General nature of industry, business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country) that it 10 NAME OF FATHER See instructions on back of PARENTS 11 BIRTHPLACE DEATH in plain terms, OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) KNOWLEDGE CAUSE OF Important. (Address)

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.: Ward)

lif death occurred in a hospital or institution,

.,		AME INSTEAD nd number.]
MEDICAL CERTIFICATE	OF DEATH	A-2
16 DATE OF DEATH	20	. 1915
	(Day	(Year)
I HEREBY CERTIFY, That	l attended dec	eased from
May 8, 1915, 10 Ju	ue 20	, 1915,
that I last saw how alive on Jun	e 20	َ ک 191
and that death occurred on the date state		130a m
The CAUSE OF DEATH* was as follows:		
21	1 1	*************
Tulmonay Tul	evoulo.	us
(Duration)	yrsm	osds.
ContributorySecondary	•	
(Duration)	yrsn	10Sds.
(Signed) W. Howard year	er.	
June 20, 191 5 (Address) Star	-1 /)/	, M. D.
(Address) Human	e Varia	run h
*State the Disease Causing Death, Causes, state (1) Means of Injury; Tal, Suicidal, or Homicidal.	or, in deaths fro and (2) whether	om VIOLENT er Acciden-
18 LENGTH OF RESIDENCE (FOR HORPITAL	s, Institutions,	TRANSIENTA.
At nizce in the	ml	
of death yrs. mos. 2 ds. State	Jos	nos ds
Where was disease contracted, burkeroud, if not at place of death?		
Former or 2104 Oak H.	Ballo,	md,
19 PLACE OF BURIAL OR REMOVAL	DATE OF BU	JRIAL
Balling, med	2	, 191.5
20 UNDERTAKER	ADDRESS	
No (1) /// - 20/	170	1 7 1

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REGISTRAR

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(Year)

If LESS than

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatemeut. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulbeen changed or given up ou account of the nisease (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberentessis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "Puereeral peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Auaemia" (merely symptomatic), "Atrophy," affection ueed not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehaegenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asture of the American Medical Association.) by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronehopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



V. S. No. 1.

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Indened (No. 109)	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. /3/ West Patrice St; Ward) [if death occurred in a hospital or institution, give its NAME lostead
* FULL NAME William Henry N	naffrey of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Married, Wisowed White (Write the word)	18 DATE OF DEATH June 4 T 1915 (Month) (Day) (Yesr)
February 25, 1842 (Month) (Day) (Year)	that I last saw h 4m alive on 4m 1 attended decessed from 1915.
73 yrs. 3 mos. 12 ds. or mln.?	and that death occurred on the date stated above, at
(a) Trade, profession, or muchant particular kind of work (b) Beneral nature of industry, business, or establishment in Lyy lwo del	(Duration) — yrs 10 mos — ds.
BIRTHPLACE (State or country) Federick Country, Md	Contributory (Secondary) (Deration) To to mos 4s.
10 NAME OF FATHER Michael M. Caffrey 11 BIRTHPLACE (State or country) July	(Signed). , M. D. June 7 , 191 5 (Address) Indeed M. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident
12 MAIDEN NAME OF MOTHER and Brenner 13 BIRTHPLACE OF MOTHER (State or country) Frederick City Md	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) Mehael & Whatfrey	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Frederich Mo 5 Filed & June 1915 Cras J. M. Grandeller	Johns Clautry 20 UNDERTAKER LO LO LATTY ADDRESS Frederick, 'M.J.
If more blanks are needed, address State Registral	r, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekcepers mine, etc. Women at home, who are engaged in the who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Kervant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," As examples: For persons The

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skuli, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," eause of death approved by Committee on Nomencia-"Contributory." (Recommendations on statement of sepsis, totanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Purreran scptichaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: ture of the American Medical Association.) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. Never report affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis. hant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) "Dropsy," "Exhaustion, __ (name origin; "Can-State cause for Examples:



BINDING

FOR

RESERVED

MARGIN

PEACE OF DEATH	STATE OF MARYLAND
Bounty Tre devel	CERTIFICATE OF DEATH
	Registration Dist. No. /3/
Village or City Pederel No. 5-14 C	Ward) [If death occurred in a hospitat or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 color or race 5 single, Married, Married, Moowed or Divorced (Write the word)	16 OATE OF OEATH (Month) (Day) (Year)
DATE OF BIRTH DEC. 4 1844	17 I HEREBY CEATIFY, That I attended deceased from
(Month) (Day) (Year) 7 AGE If LESS fhan	that I last saw h Lux alive on 1917,
AGE 1 day, hrs.	and that death occurred on the date stated above, at o
yrs. mos. ds. OR min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or Louise particular kind of work	levelal Temus la
(b) General nature of lodustry business, or establishment in which employed (or employer)	(Duration) Tra 7 mes. 5 ds.
9 BIRTHPLACE (State or country) Treate Co.	Contributory Contr
10 NAME OF Jacob Mother	(Signad) Hoff Cecely, M. O.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER	*State the Disease Causino Dratti, or, in deaths from Violent Causes, state (I) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHP(ACE OF MOTHER (State or country)	At place In the ef death yra. mas. da. Siate, yra. mos. da. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE	if not at place of death?
(Informant) Miss bola Molling	Fermer or asual residence
(Address) Fredwick Hed	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1915
Fled 2 June, 1915 Chas Jr. Mil Grandy	6. Elolin Frolk Md
If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer," etc., without more mobile factory. know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, ctc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupabile factory. The material worked on may form part the second statement. Never return "Laborer," For persons who have no occupation whatever, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." and consequences (c. g., sepsis, telanus) may be stated head-homicide; Poisoned by corbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths Struck by railway train-accident; Revolver wound of "PUERPERAL perilonilis," etc. birth or miscarriage eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Heart failure," "Haemorrhage," "Inanition," "Maras-"Tumor" for malignant neoplasms); Measles; Whooping " "Old Age," "Shoek," "Uracinia," "Weakness," The nature of the injury, as fracture of skull The contributory (secondary or intercur-"PUERPERAL septichaemia," "Dropsy," State cause for which (Recommendations Never report mere "Exhaustion," important.



V. S. No. 1.

N. W.

PHYSICIANS should state RECORD PERMANENT -Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statemen important. See instructions on back of certificate. UNFADING INK-THIS IS WRITE PLAINLY, WITH

1 PLACE OF DEATH

(64) 9516 130 W From

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. / 9

-Vii		M. Groundle St.; 3 Ward) [If death occurred la a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
38	ex COLOR OR RACE SINGLE, MARRIED, WIDOWED, Widowed ORDIVORED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
	MATE OF BIRTH ALG Day (Year)	that I last saw her aliva on home 21, 1915.
(a	GE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 6-30 Am, The CAUSE OF DEATH* was as follows: Apololyy = Cerebral
(b) bus wh	General nature of indostry, iness, or establishment in ich employed (or employer) RTHPLACE (State or country)	(Duration) //2 hours (Duration) yrs mos is. Contributory Fall down stairs afer, 1/15 Secondary,
ARENTS	10 NAME OF FATHER William Carlin 11 BIRTHPLACE OF FATHER (State or country) Maryland	(Signed) (Ouration) (TS mos ds. (Signed) (Ouration) (Ouration) (TS mos ds. (Signed) (Ouration) (O
Δ.	13 BIRTHPLACE OF MOTHER (State or country) Mangland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS) At place in the of deathyrs,mosds. Stateyrsmosds.
14 T	(Interment) A Kate Mouophly (Address) 130, W. Frountly St	Where was disease contracted, if not at place of death?
16 Fil	ed Define, 1919 Cha J. Ma Lowery	Morras P. Poice Frederick
	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

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mia," "PUERPERAL peritonitis," etc. State cause for affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of......... (name origin; "Can-eer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., childbirth or miscarriage as "Puerperal septiehaemus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) eause of death approved by Committee on Nomenclaby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

BUREAU, V.S.

202

PHYSICIANS should OCCUPATION RECORD Jo Exact statement PERMANENT EXACTLY. classified. pe pinous INK-THIS properly AGE carefully supplied. pe UNFADING may certificate. that 80 0 be back terms, should 0 plain instructions Information 2 DEATH WRITE ō OF CAUSE OF Ø

15

Very

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

ADDRESS

Lif death occurred in St.:....Ward) a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL/CERTIFICATE OF 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIEO. WIDOWED. (Year) ORDIVORCED (Write the word) CERTIFY, That I attended deceased from DATE OF BIRTH Interioris 18 (Day (Month) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. State _____ yrs. ____ mos. _ Where was disease contracted. 14 THE ABOVE If not at place of death? Former or (Informant) usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. statement. cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first live will be sufficient, e. g., Farmer or Planter, applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the misease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucesis of lungs, meninges, peritonacum, etc., Carcin-

naut neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of lnjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (uame origin; "Canby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inauition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of State cause for "Exhaustlon," For vio-



B

PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED, (Write the word) (Month) (Day (Year) 7 AGE If LESS than 1 dayhrs. properly OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) FATHER 50 terms, n back PARENTS 11 BIRTHPLACE OF FATHER (State or country 12 MAIDEN NAME Instructions 13 BIRTHPLACE OF MOTHER (State or country) KNOWLEDGE (Informant) mportant. 15 REGISTRAR

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

St :----Ward)

9518

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[If death occurred in a hospital or lostitution, give its NAME instead of street and number.]

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) That I attended deceased from The CAUSE OF DEATH* was as follows: Contributory Secondary *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS At place Where was disease contracted, if not at place of death? usual residence DATE OF BURIAL 191.2... ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is nection is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. is should be used only when needed.

(a) Spinner, (b) Cotton mill. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

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nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name orlgin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarrlage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Deblitty" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably by carbolic acid-probably suicide. The nature of the The contributory Always qualify ail diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or Intercurrent) State cause for



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING NEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care mine, etc. Women at home, who are engaged in the statement. Never return "Laborer," "Foreman," tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-(b) Cotton mill; (a) Salesman, Farmer or Planter, (b)

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cause. Always qualify all diseases resulting from "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. The contributory (Recommendations on statement of may be stated under the head (secondary or intercurrent) Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

PHYSICIANS should state of OCCUPATION is very RECORD ERMANENT EXACTLY. Exact classified. pe should properly AGE supplied. pe ADING тау certificate. carefully that It 80 Jo back terms, should 0 plain Instructions of Information = DEATH See OF mportant. Every Ite

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. If death occurred in St.:....Ward) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, 1910... WIDOWED, (Month) (Day) (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DAT OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, 1 day,....hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, er particular kind of work... (b) Ganaral nature of Industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In tha OF MOTHER (State or country State of death yrs. mos. .. Where was disease contracted. If not at placa of death? Former or usual residenca. BURIAL OR REMOVAL DATE OF BURIAL (Address) de...., 1912 15 ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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ACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in Ward) a hospital or Institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CENTIFICATE OF DEATH SEX 5 SINGLE, 16 DATE OF DEATH MARRIED, WIDOWED. (Month) (Day (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH Month' (Day (Year) 7 AGE if LESS than and that death occurred on the date stated above, a f day,....hrs. OR min. ? BOCCUPATION (a) Trade, profession, or zu. particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) ____yrs____ which employed (or employer) ... certificate. Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) of back 11 BIRTHPLACE (Address) ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) uo 12 MAIDEN NAME Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death _____ yrs. ___ mos. ___ ds. State yrs, _ Where was disease contracted. 14 THE ABOVE IS TRUE OF MY KNOWLEDGE See If not at place of death? Former or usual residence Important. ACB OF BURIAL DR REMOVAL PATE OF BURIAL 15 29 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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V. S. No. 1.

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT stated of information should be carefully supplied. AGE should be significant to plain terms, so that it may be properly classified. See instructions on back of certificate. 4 UNFADING INK-THIS IS PLAINLY, WITH WRITE N. B.—Every Item CAUSE OF I PLACE OF DEATH

STATE OF MARYLAND

Postervilles Diet N. 14	1
Village or City Breuwaw (No. No. St.; Ward) [If deal a hospital give its 1	th occurred in lor institution, NAME instead and nomber.]
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
Fundle White Single, Widowed, Ordivorced (Month) (Day	, 19 🔨 (Year)
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business, or establishment in which employed (or employer) (Ouration) yrs	mosds.
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10 NAME OF John Lly & Belt (Signed) Viru Nest	mos
State or country) 11 BIRTHPLACE OF FATHER (State or country) *State the Disease Causing Death, or, in deaths from	That YIOLENT
*State the Disease Causing Death, or, in deaths from the companient of Mother Causes, state (1) Means of Injury; and (2) whether of Mother Causes, state (1) Means of Injury; and (2) whether tall, Suicidal, or Homicidal.	
OF RECENT RESIDENTS) At place of deathyrs mos ds. Stateyrs	
(Informant) Where was disease contracted, If not at place of death? Former or usual residence.	,
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2 FULL NAME of MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH (Day (Month) TAGE If LESS than 1 day hrs. OR min. ? properl BOCCUPATION (a) Frade, profession, or particular kind of work supplied. (b) Geooral nature of industry, be business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country) (Secondary) that 10 NAME OF FATHER (Signed)..... 0 back 11 BIRTHPLACE ENT PIN (State or country) CO 2 12 MAIDEN NAME A OF MOTHER Instructions pla OR RECENT RESIDENTS) 13 BIRTHPLACE = At place OF MOTHER (State or country of death _____ yrs. mos. DEATH Where was disease contracted. If oot at place of death? ō 10 usual residence. mportant. 19 PLACE OF BURIAL OR REMOVAL ш Every 15 20 UNDERTAKER REGISTRAR

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

St.:....Ward)

Ilf death occurred in a hospital or institution. give its NAME instead of street and oumber. 7

(Month) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: Contributory..... *State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS in the State yrs. 2 DATE OF BURIAL ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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such, if impossible to determine definitely. Examples: ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genitai," "Senile," etc.), "Contributory." which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ampie: Meastes valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (disease causing "Dropsy," "Exhaustion," (name origin; "Candeath), 29 State cause for For VIO-



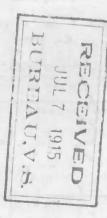
1 PLACE OF DEATH STATE OF MARYLAND HYSICIANS statement of CERTIFICATE OF DEATH Registration Dist. No. If death occurred in St : .Ward) a hospital or institution. give its NAME Instead of street and number.] RECORD EXACT classified PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE stated MARRIED, OR DIVORCED (Write the word) (Month) Y CERTIFY, That I attended deceased from prope 6 DATE OF BIRTH pino 90 ce (Month) (Year) and that death occurred on the date stated above, at // 40/7 7 AGE If LESS than Lil 1 day, hrs. back E O The CAUSE OF DEATH * was as follows; mln. ? OCCUPATION tha ed 0 (a) Trade, profession, or SUO Suppli particular kind of work 0 Ø (b) General nature of ludustry terms, Instructi business, or establishment lo which employed (or employer) 9 BIRTHPLACE (State or country) 4 10 NAME OF FATHER (Signed) 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, 0 12 MAIDEN NAME SUICIDAL OF HOMICIDAL OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 OR RECENT RESIDENTS) Еш 13 BIRTHPLACE Af place in the 0 S (State or country) of death yrs,mes, State.yrs. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF if not st piscs of death? PATIO usus! Testdancs should SOCCUE DATE OF BURIAL letorin 191. 15 UNDERTAKER ADDRESS m REGISTRAR If more blanks are needed, address State Registrar, 36 W. Saratoga St., Ballo., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from or given up on account of the disease causing death, engaged in demestic service for wages, as Servant, Cook, -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, But in many cases, without more

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of tungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracinia," "Weakness," "Anaemia" (nerely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for mahignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning; cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bron-(name origin; "Cancer" is less definite; avoid use of or miscarriage as "PUERPERAL septichuemia," State cause for which Never report mere (Recommendations



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

	PLACE OF DEATH	STATE OF MARYLAND
1	71 1 . (CERTIFICATE OF DEATH
Col	unty Grederich	
	2 2	Registration Dist. No. 145
Vitt	age or City Rear Myernile (No.	St.; Ward) [If death occurred in a hospital or institution,
	FULL NAME mag Irene	e Rowe give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	MARRIED, JULIU	16 DATE OF DEATH Sime 16 1915
Fo	mak White (Witto the word)	(Month) (Day (Year)
B DA	ATE OF BIRTH	I hereby Certify, That I attended deceased from
	Uhr 19 18/38	1915, 1915, to fine 6, 1915,
7	(Month) (Day (Year)	that I last saw h allve on 1, 191 1
7 AC	if LESS than 1 dayhrs.	and that death occurred on the date stated above, at 8-304, m.
-	yrsds. ORmin. ?	The CAUSE OF DEATH* was as follows:
	CCUPATION Trade, profession, or	Coroncho Cnemousa
pai	ticular kind of work	
bus	General nature of industry, ness, or establishment in	(Duration) yrs mos 4 ds.
	ch employed (or employer)	Contributory Mooping Cough
- 81	RTHPLACE (State or country) Frederich Co.	Secondary (Buration) yrs. / tmos. ds.
	10 NAME OF Chas. Rowe	(Signed) Calph Bouring, M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Wash. Oo	*State the Disease Causing Death, or, in deaths from Violent
PARE	12 MAIDEN NAME OF MOTHER Innio & Inashu	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos ds. State yrs mos ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Interment) Chas, Oroque		Former or
	Januarialla Ind	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
15	(Address)	muersville and June 18, 1915
	or June 16 1915 (Ralph Bawana	20 UNDERTAKER APPRESS
Filed MM 16, 1913 Calfon Dawning		Bitho Bras munilland

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. J.

[Approved by U. S. Censns and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meminges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: valvular heart disease; Chronic interstitial nephritis, ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

certificate.

Certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN N. B.—Every item of information should CAUSE OF DEATH in plain term. Important. See instructions on back V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
County Thederick	CERTIFICATE OF DEATH
An -	Registration Dist. No.
Village or City Montevue Hosfu No. Jacob Sa	St.;—Ward) [If death occurred in a hospital or institution, give its NAME lostead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR BACE 5 SINGLE, A	16 DATE OF DEATH
Male Black (Widowed, or Divorced (Write the word)	(Month) (Day (Year)
DATE OF BIRTH UNKnown.	17 I HEREBY CERTIFY, That I attended deceased from June 7, 1915, to the 7, 1915,
(Month) (Day (Year)	that I last saw ham alive on fun 7,1915
7 AGE If LESS that 1 day,hr	The CAUSE OF DEATH* was as follows:
yrs mos ds OR min.?	
(a) Trade, profession, or	Parelysis
(b) General nature of Industry, business, or establishment in	(Duration) yrs mas 9 hrs.
9 BIRTHPLACE (State or country) Manyland	Contributory Sessellity Secondary
10 NAME OF FATHER UNKnown	(Signed) Boldhours, M.D.
11 BIRTHPLACE OF FATHER (State or country) UMKnown	#State the Dispace Carrying Days on to death of
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Tunknown	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL, 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Janknowy	or Recent Residents) At place of death 2 yrs. 3 mos. 23 ds. State 87 yrs mos ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Firederick Ma	Former or Horedenick County 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed 6/10 191 J. M. Goodinan	Goesmount Cem June 10 1915
REGISTRAR	Thomas P. Rice Frederick
If more blanks are needed, address State Re	gistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as "Manager," "Dcaler," etc., without more precise speeimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of oecupa-Spinner, (b) Cotton mill; (a) Salesman, (b) Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJUBY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for malig-"Coutributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of "Exhaustion," For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS

V. S. No. 1.

RECORD

PERMANENT

4 IS Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N.B.

1 PLACE OF DEATH	STATE OF MARYLAND
~ 1 ' 1 0	CERTIFICATE OF DEATH
Gounty Laborate boli Laborate Course Laborates	Registration Dist. No. 23
Village or City Burkittsirlle (No.	St.; Ward) [If death occurred in a hospital or institution,
	give its NAME Instead of street and number.]
FULL NAME A AM CO	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
B DATE OF BIRTH	HEREBY CERTIFY, That I attended deceased from
2 1841	1910, to felle 0, 1910,
(Month) (Day (Year)	that I last saw have allycon ferre 2,191.5
⁷ AGE If LESS than	and that death occurred on the date stated above, at
1 day,hrs.	The CAUSE OF DEATH* was as follows:
6 OCCUPATION	Treberculases & June 6
(a) Trade, profession, or Gaya aborer	<i></i>
(b) General nature of industry,	
business, or establishment in which employed (or employer)	(Duration) / yrs Zmos ds.
9 BIRTHPLACE	Contributory
(State or country) Frederick 60.	(Duration) yrs mos ds.
10 NAME OF FATHER John W. Amith	(Signed) Sett Harries M. D.
11 BIRTHPLACE OF FATHER	July 4, 1915. gaddress Dupellantone
(State or country) frederich 60	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Jarah Gayler	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Frederick Co.	At place In the of death yrs mos ds. State yrs mos ds
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Massay a Amith	Former or usual residence
(Address) Burkettserlle m.d.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	ocust Valley Cemetar guns q., 1815.
Filed MANA 6, 1915 PAR REGISTRAR	Lohn A. Rolle Burkittsville
If more blanks are needed, address State Regis	rar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatemeut. material worked on may form part of the second Grocery; (a) Forcman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, been changed or given up on account of the disease For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, write Nonc. "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin

valvular heart disease; Chronic interstitial nephritis, childbirth or miscarriage as "Puerperal septichaenant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Mcdical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of "Contributory." (Recommendations ou statement of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," (disease causing death), 29 ds.; State cause for "Exhaustion,"



RECORD PERMANENT properly UNFADING 0 back Instructions plai 0 OF mportant. Every it

PLACE OF DEATH

9528

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.: Ward)

Ilf death occurred to a hospital or institution, give its NAME instead

of street and number.] MEDICAL GERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED. ORDIVERCED (Write the word) (Month) (Dav I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH ... 191..... to.... (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duratioo) yrs mos ds. which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 191 (Address) PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country ot death yrs. mos. ds. State yrs. mos. Where was disease contracted. It not at place of death? Former or usual residence. BURIAL OR REMOVAL 15 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line in provided for the latter statement; applies to each and every person, irrespective of age. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g.. Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons write None. "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis uant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, telanus) may be stated under the head of injury, as fracture of skull, and cousequeuces (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or misearriage as "Puerperal septichue ete., when a definite disease can be ascertalued as the "Heart failure," "Haemorrhage," "luanition," "Marasgenital," "Collapse," "Coma," "Couvulsions," "Debility" ("Contheuia," "Auaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



No. 02

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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD

	0.500
PLACE OF DEATH	99 9
county Thederick Co	
Village or English Greechy	1005(No.



St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead

PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CERTIFI	CATE OF DEATH
Monl White Services	WED, Wolowed	DATE OF DEATH (Mon	(==0
DATE OF BIRTH	1	Saus to 195 to	Y, That i attended deceased from
. 3	13 1830 0	99	1815
(Month)	(Day (Year)	at I last saw harman allve on	July 1917
85 yrs. 3 mos	f day, brs.	d that death occurred on the da e CAUSE OF DEATH* was as f	
OCCUPATION a) Trade, profession, or articular kind of work Retries	••••	Partie Pan	of gran
b) General nature of indusfry, usiness, or establishment in Andrew Holder (or employer)	mer.	(Du	yrs mos /O
(State or country) Frederick	'& md	Contributory Secondary	ration) yrs mos
10 NAME OF FATHER lacot Af	ronselle (S)	gned) H	Kely ".
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF	ryland	*State the Disease Causing D Causes, state (1) Means of In Tal, Suicidal, or Homicidal.	DEATH, or, in deaths from VIOLEI
of Mother Cathain		LENGTH OF RESIDENCE (FOR H	
13 BIRTHPLACE OF MOTHER (State or country) Ma	england of	or Recent Regidents) place death yrs mos da.	In the State yrs, mos, t
(Informant) Mus Clinton	TO /	here was disease contracted, not at place of death? Irmer or	
(Illiui mailt)	0	ual residence	**************************************
(Address)	110	PLACE OF BURIAL OR REMOV	AL DATE OF BURIAL
601 - 2211	9 1 1	UNDERTAKER	<i>V///</i> , 191.1
	LAANUAU 12		ADDRESS

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers who have no occupation whatever, cated thus: been changed or given up ou account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursnits can be known. The question tion is very important, so that the relative healthful-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons write None. "Foreman,"

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meninglits"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tubercucesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory" injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemla," "Weakness," theuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "As valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgleal operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convnisions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or interchrrent) tetanus) may be stated under the head Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURFAUA

1 PLACE OF DEATH STATE OF MARYLAND PHYSICIANS t statement of CERTIFICATE OF DEATH Registration Dist. No. If death occurred in Ward) a hospital or lestitution. give Its NAME Instead rot named. of street and number. RECORD classified PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE; 3 SEX COLOR OR RACE 16 DATE OF DEATH MARRIED, OR DIVORCED (Write the word) (Month) (Day) (Year) I HEREBY CERTIFY, That Vattended deceased from 6 DATE OF BIRTH pino 915 pe (Year) (Day) (Month) 7 AGE if LESS than of may 1 day,... back hrs. O The CAUSE OF DEATH * was as follows: mln. ? OR (a) Trade, profession, or 6 tha supplied particular kind of work (b) General nature of lodustry business, or establishment in terms instruc (Ouration) ully which employed (or employer 9 BIRTHPLACE Contributory Secondary (State or country) See 10 NAME OF FATHER C I no 11 BIRTHPLACE (Address) ENT (State or country) d *State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, N W 0 œ 12 MAIDEN NAME SUICIDAL OF HOMICIDAL OF MOTHER of informatic 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, very 13 BIRTHPLACE At pisce to the OF MOTHER 63 (State or country) of death ... yrs. mss. State. Every Item of Inshould state CAI Where wes dissess contracted, 14 THE ABOVE If not at place of death? Former or usuel residance -DATE OF BURIAL 15 0 Z If more blanks are needed, address State Registrar, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

state occupation at beginning of illness. write None. E yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, taken to report specifically the occupations of persons employed, as At school or At home: Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Tealer," etc., without more of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Collon especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, ness of various pursuits can be known. The question is provided for the latter statement; it should be used business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-If the occupation has been changed Never return If retired from "Laborer,"

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."); Lobar pneumonia. Pronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. State eause for which birth or miscarriage as "PUERPERAL sephichuemia," eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull (secondary), 10 ds. Never report mere The contributory (secondary or intercur-



3 SEX

7 AGE

PARENT

15

DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in

9 BIRTHPLACE (State or country)

10 NAME OF FATHER 11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF

1 PLACE OF DEATH

PERSONAL AND STATISTICAL PA

which employed (or employer)

(Month)

5 SINGL MARRI WIDOW ORDIV (Write

MARGIN AFORAVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN	.B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statem important. See instructions on back of certificate.
0 1	UNFADI	that it m certificate.
N N N N N N N N N N N N N N N N N N N	WRITE PLAINLY, WITH	item of information should be c E OF DEATH in plain terms, so lant. See instructions on back of
S. No. 1.		B.—Every CAUSI

00.0	
9914	STATE OF MARYLAND
12	CERTIFICATE OF DEATH
CAX	131
9	Registration Dist. No.
	If death occurred in
(No,	st.;ward) a hospital or institution,
01-	give its NAME Instead of street and number.]
n (Ilen	and
RTICULARS	MEDICAL CERTIFICATE OF DEATH
E,	16 DATE OF DEATH Hand 15
ED, Surge	1915
orced the word)	(Month) (Day (Year) 17 I REBERY CERTIFY, That I attended deceased from
1	, 191, to, 191,
(Day (Year)	that I last saw halive on
if LESS than	and that death occurred on the date stated above, atm,
1 day,hrs.	The CAUSE OF DEATH* was as follows:
ds. ORmin. ?	
	- Eunes deblete
***************************************	lound dead in ked
	-718
	(Duration) yrsmosds.
	Contributory
	(Duration) yrs mos ds.
Deurmef	(Signed) , M. D.
	15- 1915- (Address) ful ft 2nd
	*State the DISEASE CAUSING DEATH, of in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
m -	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OR RECENT RESIDENTS) Af place in the
61	of death yrs mos ds. State yrs mos ds
KNOWLEDGE	Where was disease contracted,
-d	if not at place of death?
······································	usual residence
(lug	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	Muchelfura Hell free 14, 1915
	20 UNDERTAKER ADDRESS
REGISTRAR	W. W. Budeth Hystation
od address State Destat	TOTAL C. D. Franklin Ct. D. V. D.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers statement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"Collapse," "Coma," "Convulsions," "Debility" ("Conaant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligscpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencladont; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (secondary or intercurrent)



STATE OF MARYLAND
CERTIFICATE OF DEATH
Paric Ove St.; Ward) a hospital or Institution
Lee States St.; Ward) a hospital or institution, give its NAME instead of street and number.]
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH JULE 8, 1915 (Month) (Day (Year)
HEREBY CERTIFY. That I attended deceased from JEby r 1915 to June 18, 1915,
and that death occurred on the date stated above, at 2. P. m. The CAUSE OF DEATH* was as follows:
Colosloudy performed 5 weeks ago)
Gentributory Neworshage Secondary
(Signed) (Ouration) yrs mos 7 ds.
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL,
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos ds
Where was disease contracted, If not at place of death? Former or usual residence.
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mot Olevet Company 20 UNDERTAKER ADDRESS
Thomas F. Reice Frederick

[Approved by U. S. Census and American Public Health Association.]

duties of the honsehold only (not paid Housekeepers who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERFERAL peritonitie," etc. State canse for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanitlon," "Maras-"Collapse," "Coma," "Convnlsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhanstlon," For vio-



S. No. 1.

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RECORD PERMANENT stated EXACTLY. carefully supplied. AGE should be so that it may be properly classified. 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH Every Item of Information should be CAUSE OF DEATH in plain terms, so

tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very DEATH in plain terms, so that it m See instructions on back of certificate. Important.

1 PLACE OF DEATH 9534 County trederick

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.; Ward)

[if death occurred in a hospital or institution, give Ifs NAME Instead of sfreet end number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51		16 DATE OF DEATH (Month) (Day (Year)
e D/	ATE OF BIRTH	17 I HEREBY GERTIFY, That I attended deceased from
7 A		and that death occurred on the date stated above, at m The CAUSE OF DEATH* was as follows:
fpai (b) bus	Trade, profession, or relicular kind of work. General nature of Industry, iness, or establishment in chemployed (or employer) The minimum of the control of the minimum o	(Duration) yrs. mos / O ds
9 B1	10 NAME OF FATHER Mahlon Swomley	Contributory Influentia Cutterstitus (Signed) Tyrs mos ds (Signed) There was no ds
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE, IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOAPITALA, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds Where was disease contracted,
	(Informant) Muo Carnes Kelley	If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
1.5 FII	es lune 12 the Los M. Toulor REGISTRAR	New Market Cemetary 6/13, 1915

[Approved by U. S. Census and American Public Health Association.]

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County Frederick	STATE OF MARYLAND CERTIFICATE OF DEATH
Bit	Registration Dist. No. 434
Village or City Surum Ram J. (No. ,)	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale 4 COLOR OR RACE 5 SINGLE, MARRIED, Married WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Gug. 26 1848	Jen , 1915; to Junio 3 , 1913,
(Month) (Day) (Year)	that I last saw her alive on 1915,
1 day, hrs.	and that death occurred on the date stated above, at
6 6 yrs. 7 mos. ds. OR min.?	The CAUSE OF DEATH # was as follows:
(a) Trade, profession, or particular kind of work. Source - write	Chance that busce
(b) General nature of Industry business, or establishment in which employed (or employer)	(Ouration) yrs mos ds,
9 BIRTHPLACE (State or country) Fredk. Co. Md.	Secondary (Qualter)
10 NAME OF BENJAMIN Keilholt	(Signad) (Ouralion) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOUNT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
of MOTHER Cligabeth Werr	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Maisland	At place In the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not et place of death?
(Informant) filliams of former	usuel residence
(Address) Emmisseur Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Fled Je 5, 1915 Math Shuff	20 UNDERTAKER ADDRESS Countries Md
If more blanks are needed, address State Registrar,	

[Approved by U. S. Census and American Public Health Association.]

write Nanc. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemoid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At hame. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm labarer, Labarer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salcsman, (b) Gracery; (a) Pareman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used cian, Compositor, Architect, Lacomotive engineer, Caril engineer, Stationory fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiknow (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupationmany occupations a single word or term on the For persons who have no occupation whatever, The material worked on may form part -Precise statement of occupa-If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, tetanus) may be stated on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, heod-homicide; Poisaned by corbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. State cause for which birth or misearriage as "PUERPERAL' septicharmia," cause. Always qualify all diseases resulting from childete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uruemia," "Weakness," chopneumonia (secondary), 10 ds. genital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Masles, Whooping ges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of ... "Heart failure," "H: enorrhage," "lnanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound af "Senile," etc.), "Dropsy," "Exhaustion," The contributory (secondary or intercur-Never report mere ACCIDENTAL, unportant.



V. E. No. 1.

RECOR	PHYSICIA of OCCU	
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTEY. PHYSICIA GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU Important. See instructions on back of certificate.	Participant of the state of the
WRITE PLAINLY, WITH	N. B.—Every Item of Information should be carefully a GAUSE OF DEATH in plain terms, so that it remortant. See instructions on back of certificate	PARENTS

Village or City May orle (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. /4/ St.; Ward) [If death occurred in a hospital or institution,
FULL NAME On fairl of m. R.	To the give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Faull Color or race of single, Married, Wilsowed, Ordivorced (Write the word) **Date of Birth **Tage The Tage Standard (Month) (Day (Year) **Tage The Tage The Tage The Tage **Tage The Tage The Tage The Tage **Tage The Tage The Tage **Tage The Tage The Tage **Tage The Tage **Tag	IN DATE OF DEATH Month) (Day (Year) I HEREBY CERTIFY, Toat I attended decessed from 1914, to 1914, (that I last aaw has allow on stall buch 191 and that death occurred on the date stated above, at m, The CAUSE OF DEATH* was as follows, The CAUSE OF DEATH* was as follows, Luck the Check of Selection bun lead several month by lurit bun lead several mon
OF FATHER AULIUM R. Habbar 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONA, TRANSIENTA, OR RECENT RESIDENTS) At place In the of death
(Address)	Mor May ville m pate of Burial pur 1915

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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SICIANS should PHYSICIANS RECORD PERMANENT EXACTLY ciassified properly AGE Z supplied O may ADIN that 50 be terms, should uo plain instructions = of inform DEATH See E OF item Every item CAUSE OF important.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 140. It death occurred in St:.....Ward) a hospital or Institution. give Its NAME Instead of street and number.] ² FULL NAME MEDICAL GERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, Married WIDOWED, (Month) ORDIVORCED I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Year) (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH* was as follows: OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ⁹ BIRTHPLACE (State or country) Contributory (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE (Address) ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted. it not at place of death? Former or usual residence OR REMOVAL DATE OF BURIAL 1.5 20 UNDERTAKER ADDRESS REGISTRAR More blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health Association.]

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		66
	RECORD	PHYSICIANS should to of OCCUPATION IS
70. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of information should be carefully supplied. AGE should be stated EXAGTLY. PHYSICIANS should a CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.
7		

10

state Very

3 SEX

TAGE

ARENTS

8 DATE OF BIRTH

BOCCUPATION (a) Trada, profession, or

particular kind of work... (b) General nature of industry, business, or establishment in

9 BIRTHPLACE (State or country)

10 NAME OF

11 BIRTHPLACE OF FATHER

(State or country) 12 MAIDEN NAME OF MOTHER

(n	9536	CERTI	TE OF MA	F DE	EATH	/	
		Re	gistration Di	st. No.	15		
2,5	East,	•	St.; Z Ward	l) a l giv	[If death occ lospital or in e its NAME street and n	stitutioo, Instead	
inc	M	***************************************	000000000000000000000000000000000000000	***********			
	MEDICAL CERTIFICATE OF DEATH						
e	18 DATE OF	DEATH	Jemes (Month)	1 2	4,	1915	
Cear) SS than	that I last sew	13, 19	to fee	ne i	24	, 19 Lat.	
min. ?	The CAUSE OF DEATH* was as follows:						
***************************************			(Duration)	yrs	mos	1/20	
	Gontribute Secondary						
	(Signed)	11. 1	(Boration)		mos		

6-25 -, 191 al. (Address)... *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

13 BIRTHPLACE OF MOTHER (State or country) KNOWLEDGE

1 PLACE OF DEATH

Frederick

PERSONAL AND STATISTICAL PARTICULARS

(Month)

4 COLOR OR RACE

which employed (or employer) -----

5 SINGLE, Seene

13 (Day

MARRIED, WIDOWED. ORDIVORCED (Write the word)

15 Filed REGISTRAR 19 PLACE OF BURIAL OR REMOVAL

of death _____ yrs. ____ mos. ___ ds.

OR RECENT RESIDENTS)

Where was disease contracted,

If not at place of death?.

DATE OF BURIAL cincl261915

State _____ yrs. ___ mos.

20 UNDERTAKER

At piace

Former or usual residence.

ADDRESS

Frederess

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

in the

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVE

